

## PREVENTIVE MEDICINE GUIDANCE FOR CENTRAL &amp; EASTERN EUROPE

FOR PURPOSES OF THIS MSG, CENTRAL AND EASTERN EUROPE INCLUDES POLAND, CZECH REPUBLIC, SLOVAK REPUBLIC, HUNGARY, SLOVENIA, CROATIA, BOSNIA-HERZEGOVINA, ROMANIA, MOLDOVA, UKRAINE, BULGARIA, FEDERAL REPUBLIC OF YUGOSLAVIA (TO INCLUDE KOSOVO, SERBIA, AND MONTENEGRO), MACEDONIA (FORMER YUGOSLAV REPUBLIC OF MACEDONIA, FYROM), ALBANIA, AND NORTHERN GREECE.

---

RATUZYUW RUFGNOA0017 3491800-UUUU--RUFGFMC RUFGNOA RUFGSOC RUFGTSP.

ZNR UUUUU

R 161500Z DEC 99

FM USCINCEUR VAIHINGEN GE//ECMD//

TO RUFTVFA/352SOG RAF MILDENHALL UK//SG//

RUEASRB/CDR FORSCOM FT MCPHERSON GA

RUFDNEU/CDR USASETAF VICENZA IT//AESE-GO//

RUERHNB/CDR USASOC FT BRAGG NC

RUEAAOA/CDR10THSFG FT CARSON CO

RUFGTSP/CDR1STBN10THSFGA VAIHINGEN GE

RUCBCLF/CINCLANTFLT NORFOLK VA//NO1/N3/N4E1//

RUCQSOC/USCINCSOC MACDILL AFB FL//SG//

RUCBACM/CINCUSACOM NORFOLK VA

RHDLNE/CINCUSNAVEUR LONDON UK//OO/O1/N3/N4/NO22//

RUEAUSA/CIO WASHINGTON DC

RUEKJCS/CJCS WASHINGTON DC//DJS/J3/J3-JOD/J4-LRC/J5/J4-MRD//

RULSJGA/COMDT COGARD WASHINGTON DC

RUEOFAA/COMJSOC FT BRAGG NC

RUWFAFK/COMNAVSPECWARCOM CORONADO CA//SG//

RUFGSOC/COMSOCEUR VAIHINGEN GE//CG/J3/J4/J5//

RHFQAAA/COMUSAFE RAMSTEIN AB GE//AOS-DO/AOS-AOX/AOS-AOR/SG//

RHFQAAA/COMUSAFE RAMSTEIN AB GE//SGPM/SGPB//

RUAGAMS/COMUSKOREA SEOUL KOR//FKCC//

RUEADWD/CSA WASHINGTON DC

RHCDAAA/HQ AFSOC HURLBURT FLD FL//SGX/SGP//

RUFGFMC/HQ MARFOREUR BOEBLINGEN GE//CG/G3/G4/G5//

RUEKJCS/HQ USEUCOM LO WASHINGTON DC

RUFPSA/JSOTF2 SAN VITO DEI NORMANNI AS IT//SG//

RUEWEDA/USEUCOM LO WASHINGTON DC

RUCJACC/USCINCCENT MACDILL AFB FL

RUFQSAC/USCINCEUR ALT SHAPE BE//SPASAC//

RUFGNOA/USCINCEUR VAIHINGEN GE//ECCS/ECJ1/ECJ2/ECJ3/ECJ4//

RUFGNOA/USCINCEUR VAIHINGEN GE//ECCS-P/ECIG/ECJ35/ECJ5/ECMD//

RUFGNOA/USCINCEUR VAIHINGEN GE//ECJ6/ETCC/ECPLAD/ECPA/ECCM//

RUFGNOA/USCINCEUR VAIHINGEN GE//ECSM/ECLA/ECCH/ECRA/ECCS-AS//

RHHMUNA/USCINCPAC HONOLULU HI

RUMIAAA/USCINCSO MIAMI FL

RUPEUNA/USCINCSpace PETERSON AFB CO

RUCUSTR/USCINCSSTRAT OFFUTT AFB NE

RHCUAAA/USCINSTRANS SCOTT AFB IL

RUCQSOC/USSOCOM MACDILL AFB FL

RUFTWA/COMTF HAWK//G1/G2/G3/G4/G6//

RUFDAAA/CDRUSAREUR HEIDELBERG GE//AEAMD//

RUFTJTA/COMJTF NOBLE ANVIL//J1/J2/J3/J4/J6/SG//

RUFEPIF/NAVENPVNTMEDU SEVEN SIGONELLA IT

RHFQAAA/COMJTF SHINING HOPE//J1/J2/J3/J4/J6/SG//

INFO RUEAIIA/CIA WASHINGTON DC

RUEACMC/CMC WASHINGTON DC

RUENAAA/CNO WASHINGTON DC  
RUDIDFA/DFAS HQ WASHINGTON DC//M//  
RUEKDIA/DIA WASHINGTON DC  
RUETIAA/DIRNSA FT GEORGE G MEADE MD  
RUEJDCA/DISA WASHINGTON DC  
RUEADLA/DLA FT BELVOIR VA  
RUEKJCS/DMA WASHINGTON DC  
RUCJICP/JOINT STAFF ICP MANAGER MACDILL AFB FL  
RUEKJCS/SECDEF WASHINGTON DC  
RUEHC/SECSTATE WASHINGTON DC  
RUFDAAA/CDRUSAREUR HEIDELBERG GE//AEAMD/AEAGC-O//

SUBJ: PREV MED GUIDANCE FOR US FORCES DEPLOYING TO CENTRAL &  
EASTERN EUROPE

REF/A/AFMIC CDROM, MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE AND  
COUNTERMEASURES/JAN 1999.  
REF/B/PUBLICATION, CENTERS FOR DISEASE CONTROL AND PREVENTION,  
HEALTH INFORMATION FOR INTERNATIONAL TRAVEL 1999-2000.  
REF/C/CJCS MEMO, 4 DEC 98, DEPLOYMENT HEALTH SURVEILLANCE AND  
READINESS  
REF/D/INFECTIOUS DISEASE RISK ASSESSMENT: BOSNIA AND HERZEGOVINA,  
DI-1812-BK-99, 30 APRIL 1999  
REF/E/INFECTIOUS DISEASE RISK ASSESSMENT: CROATIA, DI-1812-HR-99, 30  
APRIL 1999  
REF/H/INFECTIOUS DISEASE RISK ASSESSMENT: SLOVENIA, DI-1812-SI-99,  
30 APRIL 1999  
REF/H/INFECTIOUS DISEASE RISK ASSESSMENT: CZECH REPUBLIC,  
DI-1812-EZ-99, 31 AUGUST 1999  
REF/H/INFECTIOUS DISEASE RISK ASSESSMENT: MOLDOVA, DI-1812-MD-99, 31  
AUGUST 1999  
REF/I/INFECTIOUS DISEASE RISK ASSESSMENT: POLAND, DI-1812-PL-99, 31  
AUGUST 1999  
REF/J/INFECTIOUS DISEASE RISK ASSESSMENT: UKRAINE, DI-1812-UP-99, 31  
AUGUST 1999  
REF/K/INFECTIOUS DISEASE RISK ASSESSMENT: BULGARIA, DI-1812-BU-99,  
31 OCTOBER 1999  
REF/L/INFECTIOUS DISEASE RISK ASSESSMENT: HUNGARY, DI-1812-HU-99, 31  
OCTOBER 1999  
REF/M/ INFECTIOUS DISEASE RISK ASSESSMENT: SERBIA AND MONTENEGRO,  
DI-1812-SR-99, 12 NOVEMBER 1999  
REF /N/MSG 061638Z DEC 99

//

PASS FOLLOWING TO ALL MEDICAL PLANNERS/REPRESENTATIVES

//

RMKS/1. FOR PURPOSES OF THIS MSG, CENTRAL AND EASTERN EUROPE  
INCLUDES POLAND, CZECH REPUBLIC, SLOVAK REPUBLIC, HUNGARY, SLOVENIA,  
CROATIA, BOSNIA-HERZEGOVINA, ROMANIA, MOLDOVA, UKRAINE, BULGARIA,  
FEDERAL REPUBLIC OF YUGOSLAVIA (TO INCLUDE KOSOVO, SERBIA, AND  
MONTENEGRO), MACEDONIA (FORMER YUGOSLAV REPUBLIC OF MACEDONIA,  
FYROM), ALBANIA, AND NORTHERN GREECE. THIS MESSAGE ADDRESSES HEALTH  
RISKS IN THIS REGION. THERE MAY BE RISKS ASSOCIATED WITH SPECIFIC  
AREAS OR TYPES OF MISSIONS THAT REQUIRE ADDITIONAL COUNTERMEASURES.  
MEDICAL DEPARTMENT REPRESENTATIVES OF UNITS DEPLOYING INTO THIS AREA  
ARE ENCOURAGED TO CONTACT THE POC'S TO OBTAIN INFORMATION SPECIFIC  
TO THE YOUR AREA OF OPERATIONS AND MISSION.

//

2. THE FOLLOWING IMMUNIZATIONS ARE REQUIRED OR RECOMMENDED FOR ALL  
PERSONNEL DEPLOYING TO CENTRAL OR EASTERN EUROPE:

//

A. HEPATITIS A VACCINE - REQUIRED FOR ALL PERSONNEL - 1.0 ML IM (DELTOID) TWO SHOT SERIES, WITH FIRST DOSE GIVEN AT LEAST 14 DAYS PRIOR TO DEPLOYMENT. SECOND DOSE WILL BE GIVEN BETWEEN 6-12 MONTHS LATER.

//

B. HEPATITIS B - ALL MEDICAL PERSONNEL AND OTHERS AT OCCUPATIONAL RISK OF EXPOSURE TO BODILY FLUIDS ARE REQUIRED TO HAVE DOCUMENTATION OF HEPATITIS B VACCINE SERIES. ADULTS WITHOUT SIGNIFICANT MEDICAL CONDITIONS REQUIRE A THREE DOSE SERIES - 1.0 ML IM (20 MCG ENGERIX-B, 10 MCG RECOMBIVAX HB-COLOR CODE GREEN) (DELTOID) DAY 0, 1 MONTH, AND SIX MONTHS. THE NEED FOR BOOSTERS IS NOT YET DEFINED. THERE ARE VARIOUS AGE AND MEDICAL CONDITIONS THAT AFFECT THE RECOMMENDATIONS FOR THE PRIMARY SERIES AND BOOSTER REQUIREMENTS. REFER TO THE PACKAGE INSERT, THE CURRENT PHYSICIAN'S DESK REFERENCE OR OTHER REFERENCES FOR FURTHER INFORMATION.

//

C. INFLUENZA - REQUIRED FOR ALL PERSONNEL - CURRENT VACCINE ADMINISTERED.

//

D. MEASLES VACCINE - REQUIRED FOR ADULTS BORN AFTER 1956 - SINGLE DOSE OF MEASLES VACCINE (MMR, MR, OR MEASLES ONLY). DOSE AND ROUTE MAY VARY. WHEN ADMINISTERED WITH OTHER LIVE VIRUSES, GIVE ALL ON THE SAME DAY, OR SEPARATE THE DOSES BY AT LEAST 1 MONTH.

//

E. MENINGOCOCCAL VACCINE - THIS VACCINE IS RECOMMENDED FOR PERSONNEL INVOLVED IN HUMANITARIAN MISSIONS OR OTHER MISSIONS/EXERCISES THAT INVOLVE CLOSE CONTACT WITH INDIGENOUS PERSONNEL - QUADRIVALENT (A, C, Y, W-135); SINGLE DOSE VACCINE 0.5ML SC. BOOSTER EVERY 5 YEARS

//

F. POLIO VACCINE - REQUIRED FOR ALL PERSONNEL - THREE DOSE PRIMARY SERIES PLUS ONE ADDITIONAL DOSE AS AN ADULT. WHILE OPV REMAINS AVAILABLE, EITHER IPV OR OPV MAY BE USED FOR THE ADULT BOOSTER DOSE. HOWEVER, A TRANSITION FROM OPV TO THE USE OF IPV, AS SOON AS PRACTICABLE SHOULD BE PURSUED.

//

G. PNEUMOCOCCAL VACCINE - RECOMMENDED FOR ALL ASPLENIC PERSONNEL - 0.5ML IM OR SC EVERY SIX YEARS.

//

H. RABIES VACCINE - PREEXPOSURE PROPHYLAXIS IS REQUIRED FOR PERSONNEL WITH OCCUPATIONAL EXPOSURE IAW SERVICE SPECIFIC GUIDELINES - THREE DOSE PRIMARY SERIES. 1.0 ML IM (DELTOID) FOR HUMAN DIPLOID CELL RABIES VACCINE (HDCV), PURIFIED CHICK EMBRYO VACCINE (PCEC), OR RABIES VACCINE ADSORBED (RVA) OR ONLY HDCV 0.1 ML INTRADERMAL (DELTOID AREA) ON DAYS 0, 7, AND 21 OR 28. BOOSTER DOSES ARE THE SAME AS FOR THE PRIMARY SERIES. BOOSTER REQUIREMENTS VARY WITH EXPOSURE RISK CATEGORY. INDIVIDUALS AT CONTINUOUS RISK SHOULD HAVE SEROLOGY EVERY 6 MONTHS WITH BOOSTER WHEN ANTIBODY TITERS FALL BELOW 1:5. INDIVIDUALS WITH FREQUENT RISK SHOULD HAVE SEROLOGY EVERY TWO YEARS. INDIVIDUALS WITH INFREQUENT RISK (GREATER THAN THE GENERAL POPULATION) SHOULD COMPLETE THE PRIMARY SERIES, BUT THERE IS NO REQUIREMENT FOR BOOSTER OR SEROLOGY. PREEXPOSURE PROPHYLAXIS DOES NOT ELIMINATE THE NEED FOR PROMPT POSTEXPOSURE PROPHYLAXIS. IT ONLY ELIMINATES THE NEED FOR RABIES IMMUNE GLOBULIN AND REDUCES THE NUMBER OF INJECTIONS OF RABIES VACCINE NEEDED FOR POSTEXPOSURE PROPHYLAXIS.

//

I. TETANUS/DIPHTHERIA - REQUIRED FOR ALL PERSONNEL - THREE DOSE

PRIMARY SERIES. BOOSTER SHOTS REQUIRED EVERY 10 YEARS; 0.5ML, IM (DELTOID).

//

J. TYPHOID - ONE OF THE FOLLOWING COURSES REQUIRED - (1) ORAL TYPHOID. 4 DOSE ORAL SERIES, TAKEN ON DAYS 0, 2, 4, AND 6. BOOSTER EVERY FIVE YEARS. (2) INJECTABLE (TYPHIM VI, LICENSED 1995). ONE DOSE PRIMARY SERIES, 0.5ML IM. BOOSTER REQUIRED EVERY 2 YEARS. UPON COMPLETION OF INITIAL SERIES, ANY PRODUCT MAY BE USED FOR BOOSTER DOSES.

//

K. YELLOW FEVER VACCINE - ROUTINE OPERATIONAL VACCINE FOR NAVY AND MARINE CORPS PERSONNEL (YELLOW FEVER IS NOT ENDEMIC TO THIS AREA) - SINGLE DOSE VACCINE EVERY TEN YEARS, 0.5ML SC.

//

L. ANTHRAX VACCINE - THE EUCOM AOR IN CENTRAL AND EASTERN EUROPE IS IN THE PHASE II IMPLEMENTATION AREA. PERSONNEL DEPLOYING INTO THIS AREA ARE NOT CURRENTLY AUTHORIZED TO INITIATE THE ANTHRAX VACCINE SERIES. - INITIAL SIX DOSE SERIES WITH ANNUAL BOOSTERS. DEPLOYING PERSONNEL ALREADY RECEIVING THE ANTHRAX SERIES SHOULD BE CURRENT. PERSONNEL DEPLOYING INTO SOUTHWEST ASIA FOR ONE DAY ARE REQUIRED TO INITIATE THE ANTHRAX VACCINE SERIES.

//

3. PREVENTIVE MEDICINE BRIEFING. ALL DEPLOYING PERSONNEL WILL BE BRIEFED BY PREVENTIVE MEDICINE OR OTHER MEDICAL PERSONNEL ON THE FOLLOWING ISSUES:

//

A. ENDEMIC DISEASES; SPECIFICALLY THE INFECTIOUS DISEASE RISK AS OUTLINED IN THE ARMED FORCES MEDICAL INTELLIGENCE CENTER'S (AFMIC) MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE AND COUNTERMEASURES (MEDIC.

//

B. WATER AND FOOD CONSUMPTION; NO FOOD OR WATER IS TO BE CONSUMED UNLESS FIRST APPROVED BY U.S. MILITARY MEDICAL AUTHORITIES.

//

C. FIELD SANITATION; PERSONNEL ARE ALSO ENCOURAGED TO CONSULT FIELD MANUAL 21-10, FIELD HYGIENE AND SANITATION. A RECENT REVISION WILL SOON BE AVAILABLE ON THE US ARMY'S TRADOC (HOMEPAGE: [HTTP://WWW-TRADOC.ARMY.MIL](http://www-tradoc.army.mil) ) AND AMEDD (HOMEPAGE: [HTTP://WWW.MEDCOM.AMEDD.ARMY.MIL](http://www.medcom.amedd.army.mil)) WEBSITES.

//

D. PERSONAL PROTECTIVE MEASURES; USE OF PERMETHRIN CLOTHING TREATMENT, USE OF DEET LOTION, PROPER WEARING OF BDU'S, ETC.

//

E. PERSONAL HYGIENE. GOOD HYGIENE INCLUDES FREQUENT HANDWASHING, PROPER DENTAL CARE, MAINTENANCE OF CLEAN, DRY CLOTHING (ESPECIALLY SOCKS, UNDERWEAR, AND BOOTS), AND BATHING WITH WATER FROM AN APPROVED SOURCE. IF A SHOWER IS NOT AVAILABLE, WASH SITES OF PERSPIRATION WITH A WASHCLOTH DAILY. BABY WIPES ARE USEFUL ALTERNATIVES. CHANGE SOCKS AS FREQUENTLY AS PRACTICAL. FOOT POWDER WILL HELP PREVENT FUNGAL INFECTIONS.

//

F. PREVENTION OF ENVIRONMENTAL (HEAT/COLD) INJURIES.

//

G. SNAKES BITES. THERE ARE NUMEROUS SPECIES OF VENOMOUS SNAKES IN THIS AREA. SPECIFIC INFORMATION IS AVAILABLE ON THE MEDIC DISK.

//

4. MALARIA - NO RISK (EXCEPT SOME COASTAL AREAS OF THE UKRAINE).

//

5. ACUTE DIARRHEAL DISEASE. ACUTE DIARRHEAL DISEASE CONSTITUTES THE

GREATEST IMMEDIATE INFECTIOUS DISEASE THREAT TO THE HEALTH OF THE FORCE. EMPHASIS MUST BE PLACED ON THE PRINCIPLES OF FIELD SANITATION AND HYGIENE IF DNBI RATES ARE TO BE KEPT TO A MINIMUM. NO FOOD OR WATER IS TO BE CONSUMED UNLESS FIRST APPROVED BY U.S. MILITARY AUTHORITIES.

//

6. CHOLERA. CHOLERA IS PRIMARILY TRANSMITTED BY INGESTION OF WATER CONTAMINATED WITH FECES OR VOMITUS FROM INFECTED HUMANS. THIS DISEASE IS BEST PREVENTED BY STRICT COMPLIANCE WITH FOOD AND WATER GUIDELINES. IN 1994 OUTBREAKS WERE REPORTED IN ALBANIA AND UNOFFICIAL REPORTS INDICATED AN OUTBREAK IN BOSNIA-HERZEGOVINA.

//

7. MENINGOCOCCAL MENINGITIS. THIS FORM OF BACTERIAL MENINGITIS IS ENDEMIC IN CENTRAL AND EASTERN EUROPE. IN 1994 OUTBREAKS WERE REPORTED IN KOSOVO.

//

8. INSECT/ARTHROPOD VECTORS. DISEASE TRANSMITTED BY INSECT OR ARTHROPOD VECTORS (MOSQUITOES, SAND FLIES, TICKS, LICE, FLEAS) ARE NUMEROUS (TICK-BORNE ENCEPHALITIS, SANDFLY FEVER, WEST NILE FEVER, SINDBIS, LEISHMANIASIS, AND OTHERS) AND WILL HAVE A SIGNIFICANT EFFECT ON THE HEALTH OF THE FORCE UNLESS PREVENTIVE MEASURES ARE ENFORCED. CRIMEAN-CONGO HEMORRHAGIC FEVER, TRANSMITTED BY TICKS, HAS ALSO BEEN REPORTED IN THESE AREAS.

THE USE OF THE FOLLOWING MEASURES ARE REQUIRED OF ALL PERSONNEL 24 HOURS A DAY:

//

A. INSECT REPELLENT, CLOTHING TREATMENT (PERMETHRIN); NSN 6840-01-278-1336, AEROSOL SPRAY OR IDA-KITS (NSN 6840-01345-0237). ONE CAN IS SUFFICIENT TO TREAT ONE BDU UNIFORM. AEROSOL SPRAY TREATMENT MUST BE REAPPLIED AFTER A MAXIMUM OF 5 WEEKS OR 5 LAUNDERINGS, OR MORE FREQUENTLY IF PROTECTION IS INADEQUATE. UNIFORMS TREATED WITH THE IDA-KIT ARE PROTECTIVE FOR UP TO 6 MONTHS.

//

B. INSECT REPELLENT. PERSONAL APPLICATION (DEET), NSN 6840-01-284-3982. THIS LOTION APPLIED DIRECTLY TO THE SKIN PROTECTS AGAINST BITING INSECTS FOR UP TO 12 HOURS PER APPLICATION. MORE FREQUENT APPLICATION MAY BE REQUIRED IN HOT CLIMATES OR HEAVY RAINS.

//

C. TREATED BDUS AND SKIN REPELLENT AFFORD NEARLY COMPLETE PROTECTION.

//

9. OTHER INFECTIOUS DISEASES.

//

A. RABIES - LOW RISK - ENZOOTIC TO MOST AREAS. WILD ANIMALS PROVIDE THE MAIN RESERVOIR. PERSONNEL SHOULD AVOID ALL ANIMALS.

//

B. RODENT ASSOCIATED DISEASE. HANTAVIRUS, THE VIRUS RESPONSIBLE FOR HEMORRHAGIC FEVER WITH RENAL SYNDROME IS TRANSMITTED FROM INFECTIVE RODENT EXCRETA OR SALIVA. THE BALKAN FORM OF HANTAVIRUS IS A MORE SEVERE FORM THAN ELSEWHERE IN EUROPE. CONTACT OF SOLDIERS WITH RODENTS WILL BE MINIMIZED AND FOOD SOURCES WITHIN THE WORK OR SLEEPING AREAS WILL BE PROPERLY STORED OR ELIMINATED. LEPTOSPIROSIS AND TULAREMIA HAVE ALSO BEEN REPORTED IN THESE AREAS, ASSOCIATED WITH INCREASED RODENT POPULATIONS.

//

C. TUBERCULOSIS IS ENDEMIC IN CENTRAL AND EASTERN EUROPE, WITH INCIDENCE INCREASING, PARTICULARLY AMONG REFUGEES AND INTERNALLY DISPLACED PERSONS ASSOCIATED WITH DEGRADED AND CROWDED LIVING CONDITIONS, NONFUNCTIONAL PUBLIC HEALTH SERVICE INFRASTRUCTURES, AND

CONTINUED POPULATION MOVEMENTS; DRUG RESISTANCE TO STANDARD THERAPEUTIC AGENTS, INCLUDING RIFAMPIN AND ISONIAZID, IS INCREASING REGIONALLY.

//

10. SEXUALLY TRANSMITTED DISEASES (STD'S) - ABSTINENCE IS THE ONLY WAY TO ENSURE PREVENTION OF STD'S. IN MOST CASES, IT IS IMPOSSIBLE TO DETECT A SEXUALLY TRANSMITTED DISEASE IN A POTENTIAL SEXUAL PARTNER. LATEX CONDOMS SHOULD BE MADE AVAILABLE FOR ALL WHO CHOOSE TO BE SEXUALLY ACTIVE. PROPER USE INCLUDES PLACEMENT PRIOR TO FOREPLAY, USE OF NON-PETROLEUM LUBRICANT TO DECREASE BREAKAGE, AND USE A NEW LATEX CONDOM WITH EACH SEXUAL CONTACT. ENCOURAGE PERSONNEL TO PROMPTLY SEEK EVALUATION FOR SYMPTOMS OF ANY SEXUALLY TRANSMITTED DISEASE. SYPHILIS, GONORRHEA, AND OTHER COMMON STD'S ARE ENDEMIC AT MODERATE TO HIGH LEVELS. HIV INFECTION IS PRESENT.

//

11. HEAT INJURIES - THIS MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION MAY TAKE 10-14 DAYS. INSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION TO INCLUDE: (1) COMMANDERS INSIST THAT PERSONNEL DRINK ADEQUATE WATER TO PREVENT DEHYDRATION (UP TO TWO QUARTS PER HOUR UNDER SEVERE HEAT/WORK CONDITIONS). (2) SCHEDULE WORK DURING THE COOLEST TIMES OF THE DAY. ESTABLISH APPROPRIATE WORK-REST CYCLES BASED ON WBGT. (3) CONDITIONS THAT INCREASE VULNERABILITY TO HEAT INCLUDE DIARRHEA, SKIN TRAUMA, DRINKING ALCOHOL, FEVER, OBESITY, OLDER AGE, POOR PHYSICAL CONDITION, AND THE USE OF DRUGS (ATROPINE, ANTIHISTAMINES, OR "COLD" MEDICATIONS)

//

12. COLD INJURIES - RISK WILL DEPEND ON SPECIFIC REGION. LOSS OF BODY HEAT TO THE ENVIRONMENT CAUSES COLD INJURY. COLD INJURIES CAN OCCUR IN ANY ENVIRONMENT. AIR TEMPERATURES BETWEEN 32-55 DEGREES F CAN LEAD TO A GENERAL LOWERING OF BODY TEMPERATURE (HYPOTHERMIA, A LIFE-THREATENING CONDITION) AND LOCAL NON-FREEZING INJURIES (CHILBLAIN AND TRENCHFOOT). AIR TEMPERATURES BELOW FREEZING CAN RESULT IN HYPOTHERMIA AND LOCAL FREEZING OF BODY TISSUES (FROSTBITE). RISK OF COLD INJURIES IS INCREASED FOR PERSONS WHO ARE IN POOR PHYSICAL CONDITION, DEHYDRATED, OR WET. COUNTERMEASURES INCLUDE: (1) CLOTHING AND COVER: EXPOSED SKIN IS MORE LIKELY TO DEVELOP FROSTBITE. ENSURE CLOTHING IS CLEAN, LOOSE, LAYERED AND DRY. REMOVE LAYERS OF CLOTHING, AS NEEDED TO AVOID SWEATING. CHANGE SOCKS 2-3 TIMES PER DAY, IF WET. COVER THE HEAD TO CONSERVE HEAT. METAL FOIL SURVIVAL BLANKET (NSN 7210-00-935-6667) IS VERY USEFUL AND LIGHTWEIGHT. (ENSURE THAT HEATED QUARTERS ARE WELL VENTILATED TO PREVENT CARBON MONOXIDE POISONING.) (2) HYDRATION AND NUTRITION: PROVIDE WARM FOOD AND BEVERAGES, ESPECIALLY AT NIGHT. INCREASE WATER INTAKE TO 3-6 QUARTS PER DAY. AVOID ALCOHOL. INCREASE FOOD INTAKE TO 4 MRES (OR EQUIVALENT) PER DAY. (3) PHYSICAL ACTIVITY: PLAN FOR SHORTENED PERIODS OF SENTRY/GUARD DUTY. SHIVERING IS A WARNING SIGN OF IMPENDING COLD INJURY; INCREASE ACTIVITY, ADD CLOTHING, OR SEEK WARM SHELTER. USE THE BUDDY SYSTEM; OBSERVE ALL PERSONNEL FOR EARLY WARNING SIGNS/SYMPTOMS.

//

13. TUBERCULOSIS SCREENING: TUBERCULIN SKIN TEST (MANTOUX) OR CLINICAL EVALUATION FOR PPD REACTORS - ALL INDIVIDUALS WILL PRESENT DOCUMENTATION OF TUBERCULOSIS SCREENING WITHIN 12 MONTHS OF DEPLOYMENT. INH PROPHYLAXIS SHOULD NOT DISQUALIFY MEMBERS FROM DEPLOYMENT. DO NOT RECOMMEND ROUTINE DEPLOYMENT OF MEMBERS ON MULTIPLE DRUG REGIMENTS FOR MYCOBACTERIAL INFECTIONS. MEMBERS WITH SPECIAL NEEDS SHOULD BE EVALUATED BY A HEALTH CARE PROVIDER.

//

14. PETS. DOMESTIC (DOGS, CATS, MONKEYS, SHEEP, GOATS, RODENTS) OR WILD ANIMALS ARE NOT TO BE KEPT AS PETS OR MASCOTS. THESE ANIMALS ARE INFECTED WITH A VARIETY OF ZOO NOTIC DISEASES THAT CAN BE TRANSMITTED TO HUMANS, AND CAN HARBOR VECTORS CAPABLE OF TRANSMITTING DISEASES TO HUMANS (INCLUDING RABIES AND LEISHMANIASIS) THAT HAVE A HIGH POTENTIAL FOR ADVERSELY AFFECTING THE HEALTH OF THE COMMAND.

//

15. DISEASE SURVEILLANCE PROGRAM. AT A MINIMUM EACH INDIVIDUAL WILL RECEIVE A DEPLOYMENT AND REDEPLOYMENT MEDICAL BRIEFING. IF PERSONNEL ARE EXPECTED TO OR DO DEPLOY FOR MORE THAN 30 DAYS, DEPLOYMENT HEALTH SURVEILLANCE TO INCLUDE PRE-DEPLOYMENT HEALTH ASSESSMENT QUESTIONNAIRES IS MANDATORY IAW CJCS MEMO DATED 04 DEC 98 (REFERENCE C). PRE- AND POST-DEPLOYMENT FORMS AS WELL AS DISEASE NON-BATTLE INJURIES (DNBI) SPREADSHEETS ARE AVAILABLE AT THE WEB SITE GIVEN BELOW.

//

16. UNITS SUPPORTING OPERATIONS IN THIS REGION WILL ENSURE THAT OVERSEAS PROCESSING, TO INCLUDE DNA COLLECTION AND HIV SCREENING ARE ACCOMPLISHED PRIOR TO DEPLOYMENT OF PERSONNEL FROM HOME STATION IAW SERVICE GUIDELINES.

//

17. OTHER USEUCOM PREV MED GUIDANCE CAN BE FOUND AT OUR WEB SITE: WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM

//

18. POC IS CDR YOUNG, COMMERCIAL PHONE 00-39-095-56-3980/3982, DSN 624-3980/3982, UNCLAS FAX -4100, E-MAIL <SIG1SY@SIG10.MED.NAVY.MIL> (ALL LOWER CASE) OR LTC JORDAN, COMMERCIAL PHONE 00-49-711-680-5864/7166, DSN 430-5864/7166, FAX 430-6410, E-MAIL <JORDANR@HQ.EUCOM.MIL> OR <JORDANR@HQ.EUCOM.SMIL.MIL> (ALL LOWER CASE).

BT

#0017

NNNN

Received from AUTODIN 151833Z DEC 99